

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF <u>William F DAVIS III</u>		COURT CASE NUMBER <u>04-209-SLR</u>	
DEFENDANT <u>Secured Systems First Correctional Detention</u>		TYPE OF PROCESS <u>Complaint</u>	
SERVE ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>First Correctional Inc.</u>		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>6861 North Oracle R.D Tucson, AZ. 85704</u>		
AT	SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: <u>William F DAVIS III</u> <u>Howard R. Young Corr. Facility</u> <u>1301 E. 12th Street</u> <u>P.O. Box 9561</u> <u>Wilm, Del 19809</u>		
	Number of process to be served with this Form - 285	1	
	Number of parties to be served in this case	3	
	Check for service on U.S.A.	✓	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service): <u>Forma PAUPERIS</u>			

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. <u>15</u>	District to Serve No. <u>8</u>	Signature of Authorized USMS Deputy or Clerk <u>BF</u>	<u>2:30</u>	Date <u>1-13-06</u>
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I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

SUE GIANCINO / SERVICES SUPERVISOR

Address (complete only if different than shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.Date of Service | Time 945 (am)1-23-06 pmSignature of U.S. Marshal or Deputy
[Signature]

Service Fee <u>45.00</u>	Total Mileage Charges (including endeavors) <u>8.00</u>	Forwarding Fee <u>53.00</u>	Total Charges <u>\$0.00</u>	Advance Deposits <u>\$53.00</u>	Amount owed to U.S. Marshal or <u>\$53.00</u>	Amount of Refund
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REMARKS: DIDE requests personal service. Def. Failed to Return Univer.